

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2013

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445483	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2013
NAME OF PROVIDER OR SUPPLIER APPALACHIAN CHRISTIAN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2012 SHERWOOD DRIVE JOHNSON CITY, TN 37601	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 017 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ¼ hour fire residence rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure corridor walls were capable of resisting the passage of smoke</p> <p>The findings include:</p> <p>Observation and interview with the Maintenance Director and Administrator, on May 20, 2013 at 2:55 p.m. confirmed louvered openings with fire dampers in the lower level electrical room at the corridor side, ceiling, and sun room side. The openings were not protected with smoke dampers and could not resist the passage of smoke between floors or smoke compartments. This finding was verified by the Maintenance Supervisor and acknowledged by the</p>	K 017	<ul style="list-style-type: none"> This opening is for air intake and will be fit with ductwork which is being fabricated. The louvered opening on the dining room wall will be joined to the air intake opening with this ductwork which will form a connection with the roof HVAC unit. The louvered opening on the hallway wall will be eliminated by covering the opening with approved wall board which matches existing wall covering. All other units were checked and no others have this type air return, requiring no action. If changes are made or repair work performed in the future to HVAC units or air intake openings, no openings will be made through the fire walls. The Director of Facilities will monitor contractors to assure no openings are made in fire walls. 	07/03/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 017	Continued From page 1	K 017		
K 018 SS=E	<p>Administrator during the exit conference on May 20, 2013</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures or vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 30 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure corridor doors closed to a positive latch.</p> <p>The findings include:</p> <p>Observation and interview with the Maintenance Director, on May 20, 2013 between 1:00 p.m. and 4:00 p.m. confirmed the following doors failed to close to a positive latch:</p>	K018	<ul style="list-style-type: none"> (1) The corridor fire door will have new hardware installed. This has been ordered and delivery is expected in approximately thirty (30) days. (2) This door was adjusted to correct the deficiency. (3) This door's closure apparatus was adjusted to correct the deficiency. All other doors in the facility were checked for closing to a positive latch. Weekly rounds will be made to check all doors required to close to a positive latch. Any doors which do not close to a positive latch will be adjusted at time of rounds. The Maintenance Supervisor will report the weekly findings to the Director of Facilities and he will report on a monthly basis to the Administrator, showing any doors which required adjustment and verifying that all doors are kept current with the code. 	07/03/2013

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K 018	Continued From page 2 1. Corridor fire door by elevator 1, 2. Resident room 535, 3. Upper level clean linen room These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 20, 2013.	K 018		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire ratings are maintained. The findings include: Observation and interview with the Maintenance Director, on May 20, 2013 during a facility tour between 2:00 p.m. and 4:15 p.m. confirmed unsealed penetrations in the following locations: 1. Coral Bell corridor above ceiling at the fire doors 2. Coral Bell corridor above ceiling at the electrical room (inside and outside room) 3. Lilac firewall has three large unsealed openings	K 025	<ul style="list-style-type: none"> All penetrations will be filled with approved fire caulk. All areas have been checked for penetrations and will be sealed as required if found. The Maintenance Supervisor will follow any subcontractor or maintenance workers to assure any openings made are sealed when work is completed. Maintenance Supervisor will do quarterly rounds to check all areas and report to the Director of Facilities if any penetrations were found and that they were filed with approved fire caulk. 	07/03/2013

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K 025	Continued From page 3 These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 20, 2013.	K 025		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure hazardous area's one (1) hour fire rated constructed is maintained. The findings include: Observation and interview with the Maintenance Director, on May 20, 2013 at 3:15 p.m. confirmed the medical records room and the dental storage room doors were not self-closing. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 20, 2013	K 029	<ul style="list-style-type: none"> New door closures have been ordered and will be installed immediately when delivered. All other doors were checked for need of installation of a door closure. None were found. All doors will be checked weekly during the maintenance teams' door check rounds, with report made to the Maintenance Supervisor of findings. The Maintenance Supervisor will report to the Director of Facilities, who will report findings to the Administrator on a monthly basis. 	07/03/2013
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in	K 144	<ul style="list-style-type: none"> We have obtained a free-standing generator to temporarily replace the existing generator. A two (2) hour load test was performed on delivery with documentation on file in Director of Facilities office. 	05/24/2013

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K 144	<p>Continued From page 4</p> <p>accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to assure the emergency generator was maintained.</p> <p>The findings include:</p> <p>Record review and interview with the Maintenance Director, on May 20, 2013 at 1:00 p.m. confirmed the emergency generator failed to have the annual 2-hour load bank testing performed.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 20, 2013.</p>	K 144	<p>Continued From page 5</p> <ul style="list-style-type: none"> A new generator will be installed at a later date. Plans are currently in process of being reviewed by the State of Tennessee. The Director of Facilities will have the contractor conduct the two (2) hour load test at least annually on the generator in use at the time the test is required. Maintenance Supervisor will maintain all weekly and annual generator test results. The Director of Facilities will follow-up on checks weekly and annually, assuring these checks are carried out as required and will report to the Administrator. 	05/24/2013